

## RECEIVED

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COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## MAINE ETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Name		Office:
Jeffery A. (Tilto)	- 3	☑ House ☐ Senate
Mailing address	NINESTANIAN METATAN MANAGEMENTANIAN METATAN METATAN PENERPETENTANIAN METATAN METAT	District
Mailing address  346 Frost Stee	and the second s	
City, zip code	•	Phone
04957		207-794-3040
PART 1. INCOME DERIVE	ED FROM EMPLOYMENT BY ANOT	HER
List the name and address of each employer from whom ye economic activity of each employer.	ou received compensation of \$1,000 or i	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
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SUDT O INCOME DE		
	RIVED FROM SELF-EMPLOYMENT ors who are self-employed.)	applica e estretarios. Policina en Autorio esperado de la Colonia de Colonia.
A. List the name and address of your business, if any, and associated with a partnership, firm, professional association entity.	list the major areas of economic activity	from which you derived income. If r areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:	**************************************	
Address: WH		
Name;		
Address:		I Silvananananananananananananananananananan
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	ME DERIVED FROM SELF-EMPL ators who are self-employed.)	OYMENT
B. List each source of income derived from self-employment greater, and specify the principal type of economic activity or disclosure is prohibited by law, rule, or an established code of entity or person from whom the income was derived.	that represents more than 10% of your first the entity or person from whom you	ou derived such income. If this form of
Name and Address of Sou	urce	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:		
	IOR AREAS OF PRACTICE s who are attorneys-at-law only.)	
Name and Address of Firm	, list the major areas of practice of you Major Areas of (self)	
Name: Address:		
Name: Address:		
	ER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts  None	s 1, 2, or 3 of this form. Do not include	le gifts. If none, check the box.
☐ None  Name and Address of Soul	rce	Kind of Income (investments, leases, etc.)
Name: Address:		
Name: Address:		
	PORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,00 areas of economic activity of each creditor. Do not list credit ca	0 or more that you received during ard liability or loans from a relative. If	the reporting period, and list the major none, check the box.
None		Principal Type of Economic
Name and Address of Cred		Activity of Creditor
Name: Address:	Differential and a second a second and a second a second and a second	
Name:		DESCRIPTION OF THE PROPERTY OF
Address:		

PART 6.	REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Incl none, check the box.	ude gifts with an aggregate v	value of more than \$300 from a	single source. If
None	994 (44 ж.) (1985) — до обород на обород у Ангайдард <sub>б</sub> ан овород на обород на Ангайдард (1984) (1985) — до обород	and the state of the	Austra buttoria e amin'ny fivondronan-tronontrona dia mandrona dia dia dia dia dia dia dia dia dia di
Name of Source of Gift  1.		Name of Source of Gift	- WISSID ANY SECTION IN A SHIPMEN HANDLE AND RESERVED AS SECTION OF THE SECTION O
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PART 7. RI List the source of any honoraria accepted for appearances or	PORTABLE HONORARI		ahaak tha hay
None	spectres related to your leg	islauve responsibilities. Il none,	CHECK THE DOX.
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PART 8. REPRESEN	TATION BEFORE STATE	AGENCIES	
List each executive branch agency before which you represe box.	ented or assisted others for o	compensation of any amount. It	I none, check the
None	order to the property of the section	nogograpimentojnym ny ny y kojojojnomie vy Anniký kondinavalinamie medianenia nazivym nagliženého d	teranan ah kalijihan hannyan niman ji an nimini dinamende kahifi di Afhanke k
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2.	4.		
PART 9. BUSIN	IESS WITH STATE AGEN	CIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.	er of your immediate family :	sold goods or services with a v	alue in excess of
∇ None	MBIAADIIN TAATAANAA AARTII TAALAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAAA	AND THE WEST AND SERVED SERVED AND AND AND AND AND AND AND AND AND AN	
Name of Agency		Name of Agency	
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2.	4.		
PART 10. INCOME RECEIV	ED BY MEMBERS OF IM	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	of income of \$1,000 or more d of income represented. If y	received by your spouse or do	
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship Kind of	Income
Name: Job Title:	1. 2. 3.	Spouse or Domestic 2. Partner 3.	
	ant to the second control of the second cont	Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic		Dependent	
activity and the kind of income.		Child  Dependent	
		Child	

None				
Organization/Business and Address	Title	Position Held By:	Family Member Name	's Compen- sated?
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Legislator who willfully fails to file a required st				
ne intentional filing of a false statement is a Cla illfully filed a false statement, it shall refer its fin	ass E crime. If the Comm idings of fact to the Attorn	ission concludes tr ev General. (1 M.F	nat it appears that R.S.A. § 1019)	a Legislator
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Signature  Please provide any additional information below the information you are providing.  art/Section number	ADDITIONAL INFORMAT	TION		ction number

PART 11. OFFICER OR DIRECTOR POSITIONS